

STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS
4600 Kietzke Lane, Bldg E-141 • Reno, NV 89502 • 775-688-1268 • Fax 775-688-1272
nbop@govmail.state.nv.us

Psychological Assistant Supervisor Qualification Form

USE TYPEWRITER OR PRINT LEGIBLY IN INK.

1.00 SUPERVISOR PERSONAL DATA		1.01 Date	1.02 Name of Psychological Assistant		
1.03 Last Name, First Name, Middle Initial		1.04 Sex	1.05 Social Security #		
1.06 Home Address – Street	1.07 City	1.08 State	1.09 ZIP	1.10 Phone ()	
1.11 Business Address – Street	1.12 City	1.13 State	1.14 ZIP	1.15 Phone ()	
2.00 LICENSE INFORMATION					
2.01 NV License #:		2.02 Date License Granted			
3.00 DESCRIPTION OF QUALIFYING SUPERVISION TRAINING OR EXPERIENCE (See NAC 641.1563)					

I affirm, under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and that I have not withheld, misrepresented, or falsely stated any information relevant to my training and experience or my fitness to serve as a supervisor.

Signature of Supervisor

Date